



11/29/04

2171

PTO/SB/83 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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# REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/811008
Filing Date	3/16/01
First Named Inventor	Anwar
Art Unit	2171
Examiner Name	GODDARD, BD
Attorney Docket Number	95626/09UTL

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 23873

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

## CORRESPONDENCE ADDRESS

- 1. ☐ The correspondence address is NOT affected by this withdrawal.
- 2. ☒ Change the correspondence address and direct all future correspondence to:
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	M. Shahbaz Anwar				
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Signature					
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Date	26 November 2004			Telephone No.	713-977-7000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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